

**TBRHSC Board of Directors  
Open Meeting**

**Wednesday, April 1, 2015 – 5:00 pm Boardroom, Level 3, TBRHSC  
980 Oliver Road, Thunder Bay**

**AGENDA**

**Vision:** *Healthy Together*

**Mission:** *To advance world-class Patient and Family Centred Care in an academic, research-based, acute care environment*

**Values:** *Patients ARE First (Accountability, Respect and Excellence)*

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
1.0			<b>CALL TO ORDER</b>				
2.0			<b>PATIENT STORY – Peter Myllymaa</b>				
3.1	1	S. Fraser	Quorum (8 members total required, 6 being voting)				
3.2	1	S. Fraser	Conflict of Interest				
3.3	1	S. Fraser	Approval of the Agenda	X			
3.4	3	S. Fraser	Chair's Remarks*				X
4.0			<b>PRESENTATIONS/UPDATES</b>				
4.1	10	A. Skillen	Gridlock Status Update*		X		X
4.2	15	R. Morrison C. Pothier T. Smith C. Freitag	2020 Strategic Plan*	X			
5.0			<b>CONSENT AGENDA</b>				
5.1			Board of Directors: Approval of Minutes – March 4, 2015*	X			X
5.2			Report Volunteer Association Board				X
5.3			Report Thunder Bay Regional Research Institute*				X
5.4			Quality Committee Minutes – March 18, 2015*				X
6.0			<b>REPORTS AND DISCUSSION</b>				
6.1	5	Senior Management	Report from Senior Management*	X		X	X
6.2	10	A. Robichaud	Report from the President and CEO			X	X
6.3	5	G. Craig	Report from the TBRHS Foundation*			X	X
6.4	5	Dr. Thibert	Report from the Professional Staff Association			X	X
6.5	5	Dr. B. McCready	Report from the Chief of Staff*			X	X
6.6	5	Dr. R. Crocker Ellacott	Report from the Chief Nursing Executive*			X	X
6.7	5	Dr. P. Moody- Corbett	Report from the Northern Ontario School of Medicine (NOSM)*			X	X
7.0			<b>BUSINESS/COMMITTEE MATTERS - none</b>				
8.0			<b>FOR INFORMATION</b>				
8.1			Board Comprehensive Work Plan*				X

#	Time (X)	Presenter	Item & Purpose (Y)	Expected Outcome (Z)			
				Recommendation /Decision/Action	Education	Discussion	Information
8.2			Webcast Statistics*				X
8.3			Volunteer Services Newsletter*				X
9.0	BOARD MEMBER COMMENTS					X	
10.0	DATE OF NEXT MEETING – Wednesday, May 6, 2015						X
11.0	ADJOURNMENT						
Ethical Framework							
TBRHSC is committed to ensuring decisions and practices are ethically responsible and align with our mission/vision/values. All leaders should consider decisions from an ethics perspective including their implications on patients, staff and the community. The following questions should be reviewed for each decision.							
1. Does the course of action put ‘Patients First’ by responding respectfully to needs & values of patients and families?							
2. Does the course of action demonstrate ‘accountability’ by advancing quality, safety and Patient and Family Centred Care & delivering fiscally responsible services?							
3. Does the course of action demonstrate ‘respect’ by honouring the uniqueness of every individual?							
4. Does the course of action demonstrate ‘Excellence’ by reinforcing that we are recognized leaders in Patient and Family Centered Care through the alignment of Academics and Research with Clinical Services?							
For more detailed questions to use on difficult decisions, please refer to TBRHSC’s Framework for Ethical Decision Making located on the Quality and Risk Management page of the Internet.							
<a href="http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784">http://intranet.tbrhsc.net/Site_Published/i5/render.aspx?DocumentRender.IdType=5&amp;DocumentRender.Id=110784</a>							

## BOARD OF DIRECTORS (Open)

April 1, 2015 – DRAFT

Agenda Item	Committee or Report	Motion or Recommendation	Approved or Accepted by:
3.3	Agenda – April 1, 2015	“That the Agenda be approved as circulated.”	Moved by: Seconded by:
4.2	2020 Strategic Plan Approval of Goals and Strategic Directions	“That the Board of Directors approves the five (5) Strategic Directions for the 2020 Strategic Plan, as presented.”  “That the Board of Directors approves the recommended goals for each of the five Strategic Directions for the 2020 Strategic Plan, as presented.”	Moved by: Seconded by:
5.0	Consent Agenda	“That the Board of Directors: 5.1 Approves the Board of Directors Minutes of March 4, 2015, 5.2 Receives the Volunteer Association Board Report – n/a, 5.3 Receives the TBRRI Report dated March, 2015, 5.4 Receives the Quality Committee Minutes dated March 18, 2015,  as presented.”	Moved by: Seconded by:
6.0	Reports and Discussion	“That the Board of Directors: 6.1 Accepts the Report from Senior Management, 6.2 Accepts the Report from the President and CEO, 6.3 Accepts the Report from the TBRHS Foundation, 6.4 Accepts the Report from the Professional Staff Association, 6.5 Accepts the Report from the Chief of Staff, 6.6 Accepts the Report from the Chief Nursing Executive, 6.7 Receives the Report from the NOSM,  dated April, 2015 as presented.”	Moved by: Seconded by:



**Report from Susan Fraser  
Chair, Board of Directors  
April, 2015**

March saw the completion of our public engagement phase of the development of our new five-year strategic plan.

Our staff arranged a very thorough and comprehensive process where we received input from more than 1,200 people in Northwestern Ontario through a series of focus groups, on line surveys and promotion in the media.

We follow the Dr. Charles Boelen “Towards Unity for Health Engagement Model” that invites policy makers, health professionals, health managers, communities and academic institutions.

It is how we created our 2015 Strategic Plan and the proof is in the pudding – this approach guarantees success. We are some 93 per cent complete on the 2015 plan, with the remaining seven per cent underway.

This is an astonishing result for any organization and I anticipate the same level of success will follow with the new plan.

I want to thank our staff for their work on the development of the plan so far and the board for its guidance and contribution to the process.

This month also saw the announcement that Dr. Bill McCready will assume the interim CEO role in June upon the departure of Andree Robichaud. He will remain in that position until the appointment of a new CEO.

Dr. McCready brings extensive experience in medicine, research and teaching with over 30 years working in our community. He will be a strong leader for our academic health sciences centre.

We are very pleased that he has agreed to take on this new, critical task as we continue the work to find a new, permanent CEO.

Finally, I am pleased to report that TBRHSC has joined the city-wide “Respect.” initiative.

The “Respect.” initiative was originally developed by students and staff at Confederation College. The City saw the need to expand the initiative to the broader community, and with the College’s support, they launched the initiative on March 21, 2012 – the annual International Day for the Elimination of Racial Discrimination. Since then, more than 50 community organizations, City departments, local schools and agencies have embraced the initiative.



## Board of Directors

TBRHSC knows that excellent patient care is built upon its fundamental core values: patients first, accountability, excellence, and respect. With one of the core values being 'respect', TBRHSC saw a great fit with the city-wide "Respect." initiative, which they are proud to officially embrace in the way they deliver care to patients as well as the way staff interact with each other.

Obviously, this is not a new concept to TBRHSC, but we are pleased to be participating in this city-wide initiative to reiterate and reinforce one of our most basic operating principles.

We are Healthy Together.

Susan Fraser, Chair  
Board of Directors

healthy  
together

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[www.tbrhsc.net](http://www.tbrhsc.net)

# **TBRHSC Bed Management Update: March 2015**

TBRHSC Board Meeting (Open Session) Presentation  
Wednesday, April 1, 2015

Aaron Skillen

Program Director, Chronic Disease and Medicine Service, TBRHSC  
Regional Director North West, Ontario Renal Network



Thunder Bay Regional  
Health Sciences  
Centre

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# Presentation Outline

1. TBRHSC Beds for Admitted Patients
2. March 2015 Admitted Patient Bed Use
3. March 2015 Patient Flow Summary

# TBRHSC Beds for Admitted Patients (March 2015)

395 Funded

- 375 Beds
- 10 Medical Short Stay Unit beds (3TM) \*temporary funding
- 8 Overflow beds (Surgical Day Care) \*temporary funding
- 2 PCI recovery beds (IP Unit 2C, 290) \*temporary funding

36 Not Funded

- 12 Treatment room beds
- 14 Patient lounges
- 10 Emergency Department
- **431** Maximum admitted patient beds





# Admitted Patient Bed Use (March 2015)

- 4 additional inpatients in PCI recovery beds (2C, 290)
  - 4 additional inpatients in Surgical Day Care beds
  - 4 additional inpatients in Post-Anaesthesia Care Unit beds \*(Mar. 1-6 only)
  - 0 additional inpatients in Pediatric Unit beds (outpatient area)
  - ED/PACU inpatient transfers to Cardiac Cath Lab recovery beds (<24 hours)
- 
- March “Prior Day” Surgical Cancellations = 0
  - March “Same Day” Surgical Cancellations = 0
  - March PCI Cancellations = 0

## 2015 Patient Flow Summary

Indicator (Daily Ave.)	February	March 1-24	14-15 YTD (11 mo.)
ED Visits	277.0	281.6	288.8
ED Admits	31.9	31.8	30.0
ED Admit Rate	11.5%	11.3%	10.4%
Total Admits	54.6	52.9	52.3
Total Discharges	54.9	53.0	52.3
ALOS (incl. ALC)	7.85	7.84	7.86
Admitted Pt. Census	432	423	416
ALC Patients	53.8	64.6	61.1
Gridlock Days	28	24	27.8

# Questions?



# TBRHSC

## 2020 Strategic Planning



Carolyn Freitag  
Director Strategy & Performance Management  
Board of Directors  
April 1, 2015



Thunder Bay Regional  
Health Sciences  
Centre

healthy  
together

# Vision:

Healthy Together

# Mission:

We will deliver **a quality patient experience** in an academic health care environment that **is responsive to the needs of the population of Northwestern Ontario.**

# Values

## Patients ARE First

- Patients First: We are respectful of and responsive to the needs and values of our patients, families **and communities**. Patient values guide all decisions.
- Accountability: We are responsible **to advance a quality patient experience. We commit to social and fiscal accountability to internal and external stakeholders and for the delivery of services to our patients.**
- Respect: We honour the uniqueness of each individual **and his/her culture**.
- Excellence: **We foster an environment of innovation and learning to advance a quality patient experience.**

# 2020 Strategic Directions







By 2020, my hospital  
should...

5 Partners  
Consensus Building





# Patient Experience

**Ensure a quality patient experience that responds to the needs of the population of Northwestern Ontario.**

Original	Recommended
1. Enhance understanding and continue to grow our PFCC philosophy to embed the best care	1. Enhance understanding and continue to grow our PFCC philosophy to embed the best care for our patients and become an employer of choice for staff
2. Develop a Quality Framework that supports an academic environment, leadership development, and collaborative practice.	2. Develop an innovative Quality Framework that is supported by a robust academic environment, collaborative practice, informatics program, and our staff.

# Comprehensive Clinical Care

Enhance the delivery of our clinical services.

Original	Recommended
1. Develop a chronic disease framework.	1. Develop a chronic disease <u>management</u> framework.
2. Develop a comprehensive Cardiovascular program.	2. Develop a comprehensive Cardiovascular program.
3. Ensure access to clinical services supported by patient flow efficiencies.	3. Ensure access to clinical services supported by patient flow efficiencies.

# Comprehensive Clinical Care

Enhance the delivery of our clinical services.

Original	Recommended
4. Develop corridors of services where appropriate.	4. Develop formal partnerships to deliver a full spectrum of quality comprehensive clinical services that supports care in the appropriate location.
5. Advance chronic disease prevention and self-management.	<i>Integrated into Goal # 1 work plan</i>
6. Develop our information systems to support the sharing and integration where possible of health information.	<i>Integrated into Patient Experience Goal #2</i>

# Seniors' Health

Enhance the care provided to an aging population.

Original	Recommended
<p>1. Optimize the hospital as a seniors-friendly environment:</p> <ul style="list-style-type: none"><li>a. Enhance the emotional, behavioral, physical and spiritual environment for our patients in a respectful, supportive, and caring way.</li></ul>	<p>1. Provide a seniors-friendly environment that enhances the emotional, behavioral, physical and spiritual environment for our patients in a respectful, supportive, and caring way.</p>
<p>2. Adopt best practices for seniors' health in an acute care setting.</p>	<p>2. Adopt best practices for seniors' health in an acute care setting.</p>

# Aboriginal Health

## Enhance culturally appropriate care.

Original	Recommended
1. Continue to build a welcoming environment.	1. Develop a comprehensive continuum of care to improve self-management, access, experience, and transition to home for Aboriginal patients.
2. Provide care that respects traditional knowledge and practices.	2. Provide healthcare that respects traditional knowledge and practices <i>and</i> builds TBRHSC as a leader in the provision of health care for Aboriginal patients.

# Aboriginal Health

## Enhance culturally appropriate care.

Original	Recommended
3. Increase the number of Aboriginal staff and volunteers at TBRHSC.	<i>Integrated into Goal #2 work plan</i>
4. Provide cultural sensitivity training to all staff.	<i>Integrated into Goal #2 work plan</i>
5. Measure and improve Aboriginal patient satisfaction.	<i>Integrated into Goal #2 work plan</i>

# Acute Mental Health

Enhance acute mental health service.

Original	Recommended
1. Work to embrace mental health care as integral to our acute care services/hospital.	1. Adopt attitudes and behaviours that embrace mental health as an integral part of the delivery of comprehensive acute care services.
2. Expand the responsiveness of mental health services throughout the organization.	2. Enhance the delivery of mental health services throughout the organization through coordination of care, integrated services and interprofessional collaboration.
3. Increase overall knowledge and competency of all staff with respect to mental health issues	<i>Integrated into Goal #2 work plan</i>

# Acute Mental Health

Enhance acute mental health service.

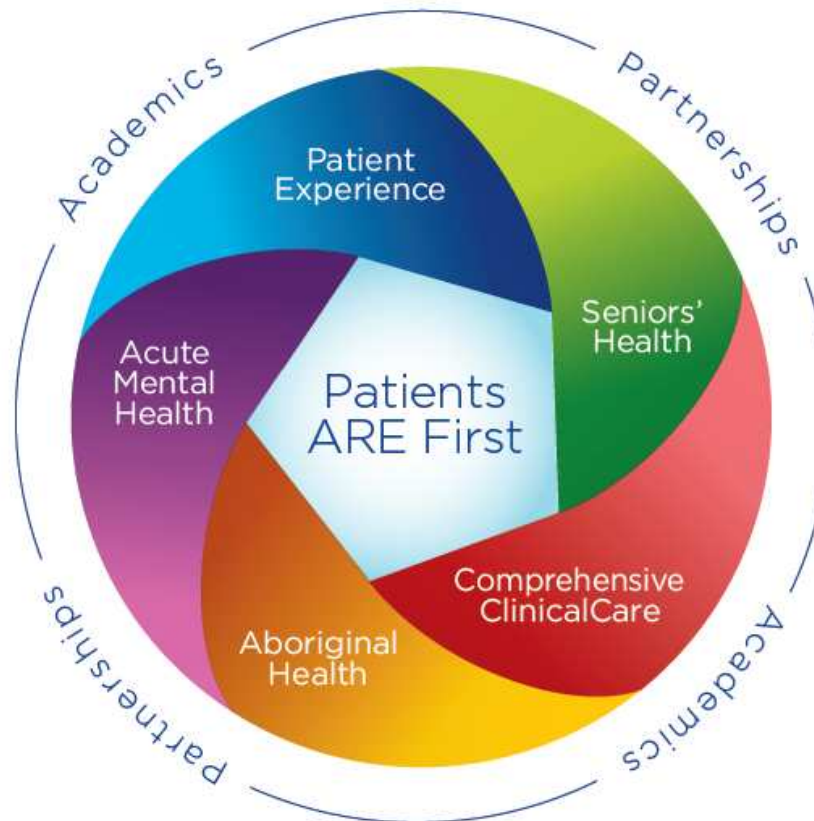
Original	Recommended
4. Provide a comprehensive Mental Health Emergency service.	3. Develop formal agreements with our system partners to facilitate transitions in care.
5. Enhance the development of comprehensive pediatric and adolescent mental health service.	4. Improve access to comprehensive services and enhance the delivery of services in acute mental health care.
6. Enhance regional acute psychiatry service using technology.	<i>Integrated into Goal # 3 work plan</i>
7. Work actively with our system partners to facilitate smooth transitions in care.	<i>Revised new Goal # 4</i>



# 2015

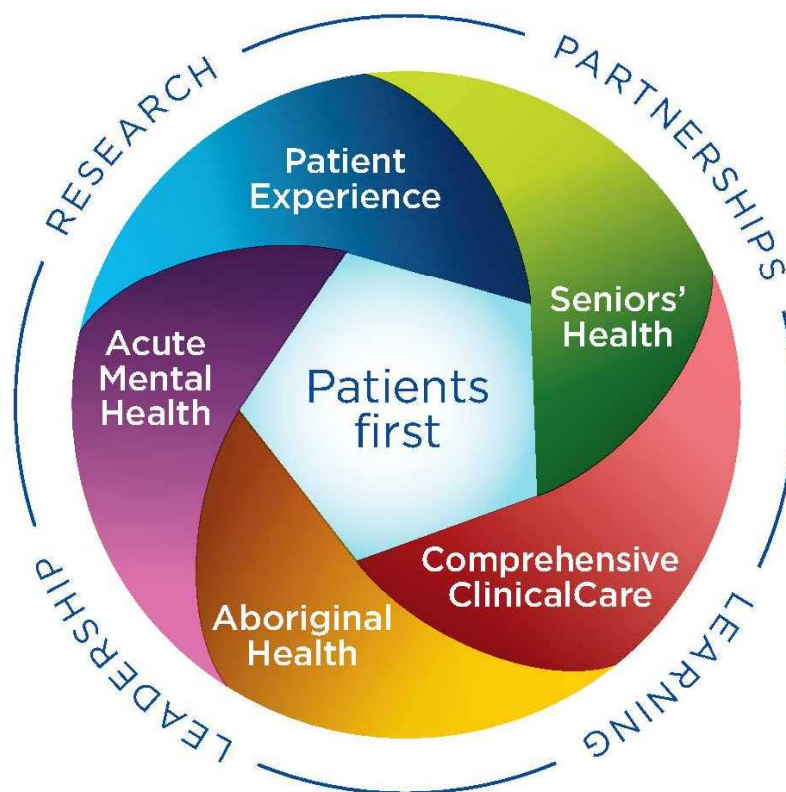


# 2020



We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario.

# 2020 with 5 Partner Feed- back



We will deliver a quality patient experience in an academic health care environment that is responsive to the needs of the population of Northwestern Ontario.

# Results from 5 Partners

## Sessions: Mar. 7<sup>th</sup> and 31<sup>st</sup>

- 97% of participants rated the overall sessions as either good or very good
- 100% of participants felt they were able to contribute
- 93% of participants felt the sessions improved their awareness of the work being done at TBRHSC

### What went well:

- Great time management and organization of the sessions
- Excellent and energetic facilitator
- Interesting discussions with thoughts from those outside the hospital environment (good cross-section of partners)

### What could have been better:

- Environment: Tables too tight together, washrooms not handicap accessible
- More participation from Aboriginal partners
- Smaller table groups/more facilitators





# Next Steps...Work plan, Measures, Approval, & Communication

**April**

Board Approval  
Goals

Indicator  
Development

Action Plan  
Development

Communication  
Plan

**May**

Action Plan  
Development

Communication  
Plan

Board Approval  
of Indicators

Strategic Plan  
Completion

**June**

Board Approval  
Strategic Plan

Program/Service  
Operational Plan  
Development

AGM  
Presentation

Soft Launch



# Recommendation

**That the Board approve the 5 Strategic Directions for the 2020 Strategic Plan, as presented.**

**That the Board approve the recommended goals for each of the 5 Strategic Directions for the 2020 Strategic Plan, as presented.**

# Thunder Bay Regional Health Sciences Centre

## Board of Directors

Wednesday, March 4, 2015

Boardroom – 5:00 p.m.

### Present:

Susan Fraser, (*Chair*)

Andrée Robichaud\*

Dr. Rhonda Crocker Ellacott\*

Sharon Cole Paterson (*tcon*)

Dr. Penny Moody-Corbett

Gerry Munt

John Friday

Dr. Bill McCready\*

Nadine Doucette

Dr. Mark Thiber\*

Anita Jean

Doug Shanks

Grant Walsh

### By Invitation – Senior Management:

Rod Morrison

Peter Myllymaa

Cathy Covino

Glenn Craig

Chisholm Pothier

Dr. Stewart Kennedy

Anne-Marie Heron

Dr. Mark Henderson

Dawn Bubar

### By Invitation:

Jessica Nehrebecky *Rec. Sec.*

Renée Laakso

Aaron Skillen

### Regrets Board Members:

Dick Mannisto

### Regrets Administration:

## 1.0 CALL TO ORDER - The Chair called the meeting to order at 5:00 p.m.

The Chair welcomed the Board members, Senior Management, guests and web audience. A moment of silence was held for Mr. Steve Henderson, former Board member who passed away on February 25, 2015.

## 2.0 PATIENT STORY – Dr. Rhonda Crocker Ellacott

Dr. Rhonda Crocker Ellacott, Executive Vice President, Patient Services and Chief Nursing Executive, shared a patient story.

## 3.1 Quorum – Quorum was attained.

## 3.2 Conflict of Interest - None

## 3.3 Approval of the Agenda

*Moved by:* Nadine Doucette

*Seconded by:* Doug Shanks

*Motion*

*“That the Agenda be approved, as circulated.”*

## CARRIED



### 3.4 Chair's Remarks – for information

## 4.0 PRESENTATIONS

### 4.1 Gridlock Status Update

Mr. Aaron Skillen, Program Director, Chronic Disease and Medicine Services, TBRHSC and Regional Director, North West Ontario Renal Network, provided a gridlock status update.

There has been one surgical cancellation in February, 2015. An additional indicator demonstrating the total discharges has been added per the Board's request. There has been an average of 56.2 daily discharges in January, 2015 versus 52.9 in January, 2014 and 52.6 in January, 2013.

Although the number of Alternate Level of Care (ALC) patients has decreased from 61.8 in January 2013, to 50.4 in January, 2015 this does not indicate the ALC problem has been mitigated as the number of days that the patient stays has increased.

*Mr. Skillen was excused from the meeting.*

### 4.2 Environmental Compliance and Fire Safety Update

Mr. Peter Myllymaa, Executive Vice President, Corporate Services and Operations provided an environmental compliance and fire safety update. The following was reported:

- TBRHSC has no outstanding orders under the Fire Code or Environmental Protection Act and is not aware of any non-compliances in regards to the requirements of these legislations.
- The environmental compliance approval submissions for the noise and air emissions for the new building on 1040 Oliver Road and the cyclotron-radiopharmacy have been submitted for review.
- The Canadian Nuclear Safety Commission (CNSC) license for cyclotron-radiopharmacy submission has been approved for construction.
- An Environmental Compliance Approval (ECA) amendment has been submitted for the Co-Generation project.
- In July 2014, TBRHSC posted a five-year energy reduction project; the next update is due in June, 2015 per the Green Energy Act.

### 4.3 Strategic Plan 2020 Update

Mr. Rod Morisson, Executive Vice President, Health Human Resources, Planning and Strategy gave an update on the Strategic Plan 2020.

The focus group sessions have now been completed receiving feedback from over 450 people. The information that has been collected has been sent to the Learn2 team to assimilate. The data will be shared with the Board members once available.

*Action*

The 5-Partners session will be held on March 7 and the 5-Partners accountability session is scheduled on March 31, 2015. There are currently over 120 people confirmed to attend the March 7 session.

## 5.0 CONSENT AGENDA

*Moved by:* Doug Shanks  
*Seconded by:* John Friday

*Motion*

*"That the Board of Directors:*

*5.1 Approves the Board of Directors Minutes of February 4, 2015,*

*5.2 Receives the Volunteer Association Board Report dated March 2015,*

*5.3 Receives the TBRI Report dated March, 2015,*

*as presented."*

## CARRIED

## 6.0 REPORTS AND DISCUSSION

### 6.1 Report from Senior Management

The following information was highlighted from the report:

- As of January 31, 2015, TBRHSC is in a \$5M deficit.
- The cyclotron has been lowered into the bunker. Isotopes are expected to be produced by the Fall of 2015. A tour will be arranged for the Board members prior to the next Board meeting.
- Research Ethics Week is being held March 2-6, 2015.
- The Renal unit has now gone live with electronic documentation. All clinical nursing and allied health assessment will be available through the Electronic Medical Record (EMR) system.
- There has been a new commercialization opportunity and the Thunder Bay Regional Research Institute (TBRI) is working with MaRS Discovery District to form an agreement.
- The Medical Care Clinic has seen 50 patients thus far and has received funding for six additional months.
- The Fracture Clinic wait times have decreased across all surgeons and are down to 105 minutes.

*Mr. Chisholm Pothier was excused from the meeting.*

### 6.2 Report from the President and CEO

The President and CEO highlighted the following:

- The President and CEO and the EVP, Patient Services and Regional Vice President, Cancer Care Ontario met with representatives from the Cardiac Care Network (CCN), Hamilton Health Sciences Centre (HHSC) and University Health Network (UHN) to discuss the impact of moving patients from HHS to TBRHSC.
- During the 5-Partner engagement session on March 7, 2015, the group will establish the goals.
- Dr. Bob Bell, Deputy Minister of Health and Long-Term Care has been confirmed as a speaker the day of the TBRHSC Annual General Meeting on June 25, 2015. Dr. Bell will discuss the “Future of healthcare in Ontario and what it means in Northwestern Ontario”. Board members will have the opportunity to have further discussions with Dr. Bell prior to the session.

### **6.3 Report from the TBRHS Foundation**

The President and CEO of the TBRHSC Foundation highlighted the following:

- The TBRHSF Foundation is expected to approve their strategic plan in May, 2015.
- There will be a number of activities related to the Exceptional Cancer Care Campaign.
- The TBRHSF will be working on a micro-campaign for angioplasty.

### **6.4 Report from the Professional Staff Association**

The President of the Professional Staff Association reported the following:

- The annual report from the Professional Staff Association (PSA) was provided. The Annual General Meeting of the PSA was held on March 3, 2015. All Executive members were reelected as follows: President, Dr. Mark Thibert, Vice-President, Dr. Harshad Telang and Secretary/Treasurer, Dr. William Hettenhausen.

### **6.5 Report from the Chief of Staff**

The Chief of Staff highlighted the following:

- In his new role, the Chief of Staff has met with most of the Department Chiefs.
- A recommendation for a new Chief of Pathology will be brought to the Board for approval in the near future.

### **6.6 Report from the Chief Nursing Executive**

The Chief Nursing Executive highlighted the following:

- 90 new graduating Registered Nurses (RNs) have been interviewed.
- It is anticipated that approximately 70 full-time equivalent (FTE) RNs will be required to ensure that TBRHSC has appropriate coverage over the summer months.

### **6.7 Report from the Northern Ontario School of Medicine**

- The Northern Constellations Faculty Development Conference will be held on March 27-28, 2015.
- The 10<sup>th</sup> Annual Northern Health Research Conference will be held in Timmins on June 5-6, 2015.

Moved by: Anita Jean  
Seconded by: Gerry Munt

Motion

*"That the Board of Directors:*

- 6.1 Accepts the Report from Senior Management,*
- 6.2 Accepts the Report from the President and CEO,*
- 6.3 Accepts the Report from the TBRHS Foundation,*
- 6.4 Accepts the Report from the Professional Staff Association,*
- 6.5 Accepts the Report from the Chief of Staff,*
- 6.6 Accepts the Report from the Chief Nursing Executive,*
- 6.7 Receives the Report from the NOSM,*

*dated March, 2015 as presented."*

**CARRIED**

**7.0 BUSINESS/COMMITTEE MATTERS**

**7.1 Quality Committee Minutes – February 17, 2015**

**7.1.1 Quality Improvement Plan**

The following are the Quality Improvement Plan (QIP) priorities for 2015/16:

1. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on admission
2. Compliance with Medication Reconciliation - % eligible patients for whom medication reconciliation was performed on discharge
3. Improve Patient Experience - % positive responses on NRC+Picker Surveys for question, "Overall, how would you rate the care and services you received at the hospital" – inpatient
4. Improve Patient Experience - % positive responses on NRC+Picker surveys for question, "Overall, how would you rate the care and services you received at the hospital - ED Patients
5. Improve Financial Health - Total Margin - the discussion was to look at a target with overcapacity costs removed to balance
6. Length of Stay - excluding ALC.
7. Reduce Wait Times in ER - 90th percentile ER length of stay (hours) for admitted patients
8. Increase Staff and Physician Satisfaction - overall staff and physician satisfaction

The eight indicators are linked to executive compensation.

Once approved by the Board of Directors, the progress report, narrative report and the spreadsheet with indicators and actions plans will be posted on the TBRHSC website and submitted to the North West Local Health Integration Network (NW LHIN) and Health Quality Ontario (HQP), by April 1, 2015.

**Moved by:** *Nadine Doucette*  
**Seconded by:** *Doug Shanks*

**Motion**

*"That upon recommendation from the Quality Committee, the Board of Directors approves the 2015/16 Quality Improvement Plan submission package, as presented."*

**CARRIED**

**8.0 FOR INFORMATION**

**8.1 Board Comprehensive Work Plan** – for information

**8.2 Webcast Statistics** – for information

**9.0 BOARD MEMBER COMMENTS** - none

**10.0 DATE OF NEXT MEETING** – Wednesday, April 1, 2015

**11.0 ADJOURNMENT**

There being no further business, the meeting adjourned at 6:01p.m.

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
Recording Secretary

## Thunder Bay Regional Research Institute Report for TBRHSC Board – April, 2015

Submitted by: Andrée Robichaud, Acting CEO – TBRRI and President & CEO – TBRHSC – March 25, 2015

### The Cyclotron Grand Opening



On **April 7<sup>th</sup>** TBRRI and TBRHSC will be celebrating the grand opening of the Cyclotron and Radiopharmacy at **2:00 p.m. in the new Health Services Centre**.

Everyone is invited to join members of the health sciences community, our government partners, corporate stakeholders and donors as we officially unveil this technological milestone. Learn more about the cyclotron, the operations of the facility and how it will enhance patient care in our community. To RSVP please contact Lisa at ext. 7223 or by email at [niccolil@tbh.net](mailto:niccolil@tbh.net).

### Collaborative NOAMA Grant Award

Dr. Margaret Anthes (TBRSHC) and Co-Investigators Simon Lees (NOSM), Chris Phenix (TBRRI), Laura Curiel (TBRRI) and Doug Boreham (NOSM) have been awarded a NOAMA grant valued at \$100,000 over a 2-year period for a project on the *Pre-clinical Assessment of Novel Combination Cancer Therapies*.

Her2-positive breast cancer is associated with high disease recurrence rates and decreased survival, and plays a direct role in the pathogenesis of disease. The development of a successful combination therapy for Her2-positive breast cancers is a critical area of research. Improving the effectiveness of standard cancer therapies such as radiation therapy will have a dramatic impact on breast cancer survival. The aim of the research is to use compounds that are already approved for human use in combination with high intensity focused ultrasound (HIFU) to temporarily sensitize cancer cells to radiation therapy. They will also use positron emission tomography (PET) to help guide dosing regimens and identify areas within a tumour that are resistant to radiation therapy.



### Commercialization News

On the Commercialization front, Drs. Curiel, Pichardo and Rubel have patented a novel idea to improve ultrasound transducers. MaRS Innovation, our commercialization partner, and TBRRI staff, are in the process of finding partners to help fund the development of the technology beyond the proof of principle stage. Given its minute size and non-magnetic properties, there is a broad range of applications including MRI and robotics, as well as non-medical applications.

Thunder Bay Regional  
**Research Institute**

Ph. (807) 684-7223  
Fax (807) 684-5800

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Research Office:**

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**Pre-Clinical  
Research Office:**

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Thunder Bay, Ontario  
P7A 7T1

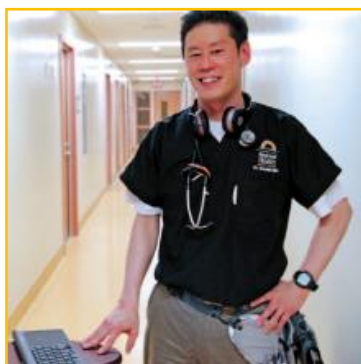
[www.tbrri.com](http://www.tbrri.com)

## Obtaining Patient Consent for Clinical Trials

A process to assist physicians with identifying patients that are potentially eligible to participate in clinical trials was implemented at the end of March. The admission history has been amended to ask in-patients if they consent to having their medical record reviewed to determine if they are eligible for participation in clinical research. This joint effort between the Thunder Bay Regional Research Institute and the Thunder Bay Regional Health Sciences Centre is the first objective of a larger strategic initiative to raise awareness of Clinical Trials to staff, physicians, patients, and the community.



## Documentation Software Now in Clinical Trials



Dr. Arnold Kim, a hospitalist and physician researcher at TBRHSC & TBRRI is debuting NLites, a new clinical documentation tool he developed. NLites allows teams of healthcare providers to collaboratively maintain medical documents containing an up-to-date summary of the patient in front of them. The patient's records can be digitally stored, accessed, and edited by authorized healthcare professionals caring for the patient. The software allows clinicians to type their notes in their own personal style and the system intuitively interprets the text and translates the notes into a computer format using context-free language. NLites stores those notes in a way that allows data retrieval, reports, and decision making. It substantially reduces the amount of time and effort clinicians spend documenting patient information and ordering tests, seamlessly combining the two into one step. Dr. Kim has launched a clinical trial at TBRHSC to investigate how likely medical learners in the Emergency Department would be to use the software. He hopes to conduct clinical trials at other institutions within two years.

## Update re TBRRI Communications

TBRRI's communications portfolio is transitioning to the hospital's communications department under the leadership of Chisholm Pothier, Vice President Communications and Engagement, Aboriginal Relations, Government Relations. This synergistic approach will enhance our capabilities to promote the work of the more than one hundred scientists, physicians, students and staff who are actively engaged in research at TBRHSC and TBRRI. We also look forward to further educating our community about the importance of research to the future of healthcare in our region.

**Thunder Bay Regional  
Research Institute**

Ph. (807) 684-7223  
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**Translational  
Research Office:**

Room #2162  
980 Oliver Road,  
Thunder Bay, Ontario  
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290 Munro Street,  
Thunder Bay, Ontario  
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[www.tbrri.com](http://www.tbrri.com)

## Thunder Bay Regional Health Sciences Centre Quality Committee of the Board

March 18, 2015

Administration Boardroom – 4:30 – 6:30 p.m.

**Present:** Georgia Carr, , Susan Fraser, John Friday, Anita Jean, Dick Mannisto  
Dr. William McCready, Gerry Munt, Andrée Robichaud,  
Doug Shanks, Dave Van Wagoner

**Regrets:** Dr. Rhonda Crocker Ellacott

**By Invitation:** Cathy Covino, Senior Director, Quality and Risk Management  
Cathy Paroschy Harris, Director of Prevention and Screening  
Clinical Services,  
Cathy Covino, Senior Director, Quality and Risk Management  
Kelly-Jo Gillis, Manager, Preventive Health Services,  
Michael Del Nin, Manager, Decision Support,  
Wendy Lange, Rec. Sec.

**1.0 CALL TO ORDER** – The Chair called the meeting to order at 4:30 p.m.

**1.1 Quorum** – Attained.

**1.2 Conflict of Interest** – None.

**1.3 Approval of the Agenda**

**Moved by:** Doug Shanks

**Seconded by:** John Friday

*"The agenda was approved, as circulated."*

**CARRIED**

**2.0 PRESENTATIONS/REPORTS**

**2.1 Prevention and Screening Services Presentation**

Ms. Cathy Paroschy Harris, Director of Prevention and Screening Clinical Services gave the Prevention and Screening Services Presentation along with Ms. Kelly-Jo Gillis, Manager, Preventive Health Services.

Ms. Paroschy Harris gave a patient story regarding navigator monitoring Computed Tomography guided biopsy for lung cancer patients.

**Motion**



Prevention and Screening Services have a Patient Navigator which improves wait time and continuity of care to meet best practice guidelines.

Prevention and Screening Services reduce incidence and risk of developing chronic disease, reduce the impact with organized screening and earlier diagnosis, ensure timely access to accurate diagnosis, and support patients and families to participate in self-management.

Some initiatives are the Healthy Get-Together, Smoke-Free Together: National Non-Smoking Week, the Fresh Market, and Healthy Steps.

The Healthy Get-Together is an information series based on chronic disease prevention which targets our community, as well as staff. Topics include gardening, red meat alternatives, and how to set healthy goals.

Security worked with the Thunder Bay District Health Unit's Tobacco Enforcement Officer to speak to people smoking outside Smoke Free-Together National Non-Smoking Week.

Breast, colorectal and cervical cancer screenings are offered. Women ages 21 years and older can access pap test screening on the Screen for Life Coach. Volumes for cervical and colorectal screening are exceeding previous year-end volumes. Opportunistic screening is being done with the Assertive Community Treatment Team.

The Screen for Life Coach visits over 60 locations in Northwestern Ontario and has now added 9 new additional First Nation communities to its schedule.

The program offers quality services to women who have no family doctor, or do not want to see their family doctor for a pap test, as well as increasing regional access to cancer screening.

There is now a feature on Meditech to queue questions for opportunistic screening.

A paper printout for patients post-colonoscopy is being rolled out.

Cancer Care Ontario has requested a proposal for future partnerships to be able to reach more people who are under reached and underserved.

There is a patient portal to provide access to appointments and results for lung and colorectal Diagnostic Assessment Program patients.

## **2.2 Quality Improvement Plan Excerpt from the Board Scorecard**

Michael Del Nin, Manager, Decision Support gave the Quality Improvement Plan Excerpt from the Board Scorecard (BSC) Report.

MedWorxx Utilization Management System indicators have been added to the Board Scorecard. Targets will be developed. Research indicators have been included but results are not yet available. Education indicators not yet identified.

Improvements have been made for the indicators of Infection Rates, Surgical Safety Checklist, Patient and Family Centred Care Action Plans, Patient Satisfaction – All Dimensions Combined – Inpatient, Length of Stay (excluding Alternate Level of Care and vs. Canadian target), Gross Margin, and Strategic Plan Activities on Target.

Indicators below target include Hand Hygiene, Medication Reconciliation on Admission, Patient Satisfaction – Overall Care Received – Inpatient & Emergency Department, Patient Satisfaction – All Dimensions Combined – Emergency Department, Sick Hours, Overtime Hours, Percentage of Full Time Nurses, Percentage of Alternate Level of Care Days, Occupancy – Overall and in Selected Areas, Emergency Department Length of Stay, and Performance Appraisal Compliance.

The 2015-16 Quality Improvement Plan indicators have been finalized. The 2015-16 BSC indicators are under development but not expecting substantial changes in 2015-16. The preliminary draft will be completed in April 2015, with potential for adjustments during 2015-16 based on 2020 Strategic Plan priorities.

The Business Intelligence System launch is expected in 2015-16. It will have automated indicator tracking and reporting and results will be extended to department levels. An enabled drill down will assist in root cause analysis.

### **2.3 Research Ethics Report**

Cathy Covino, Senior Director, Quality and Risk Management gave the Research Ethics Report.

The Research Ethics Board has new members, along with a new Chair. The Research Ethics governance structure is currently being revised.

The Research Ethics Annual Report is on the Board of Directors Work Plan. The draft report will be on the Board's May agenda and the final report will be in June.

### **2.4 Compliments and Concerns Report**

Cathy Covino gave the Compliments and Concerns Report.

The data covers the time frame of January – March 2015.

The highest number of both compliments and concerns received was for the category of "Management of Patient Concerns."

The department with the most concerns was the Emergency Department, but this area experiences high volumes.

Cathy Covino will contact the Patient Family Centred Care Lead regarding shortening the NRC+Picker Patient Satisfaction Surveys length and time frame of the survey being sent to the patients.

### 3.0 CONSENT AGENDA

In follow up to an Action Item in the February 17, 2015, Quality Committee of the Board minutes, it was noted that Dawn Bubar, Senior Director, Infomatics presented information regarding the offsite back-up data centre at the last Resource Planning Committee meeting.

A request was made to bring back information to the Quality Committee of the Board members regarding our offsite back-up data centre.

*Moved by: Susan Fraser*

*Seconded by: Doug Shanks*

*"That the Quality Committee of the Board:*

*3.1 Approves the Quality Committee of the Board Minutes of February 17, 2015, as presented."*

*Motion*

### CARRIED

4.0 WORK PLAN – The committee is meeting the requirements of the Work Plan.

### 5.0 BUSINESS/COMMITTEE MATTERS

#### 5.1 2015-16 Quality Improvement Plan

Minor changes to the Quality Improvement Plan were reviewed and it was noted that there may be more due to the calculation of percentages in the data based on Q4 actual results.

*Action*

A request was made to change the word "completing" to "competing" in the comments section of Medication Reconciliation on Admission.

#### 5.1 Terms of Reference

The revisions of the Terms of Reference was reviewed for standardization of all Board committees.

*Action*

A request was made to remove the underlining and indent for formatting.

*Moved by: Dr. William McCready*

*Seconded by: Dave Van Wagoner*

*"The Quality Committee of the Board recommends that the Governance Committee reviews the Quality Committee of the Board Terms of Reference, as amended."*

**CARRIED**

6.0 FOR INFORMATION – None.

7.0 BOARD MEMBER COMMENTS – None.

8.0 DATE OF NEXT MEETING – April 21, 2015

9.0 ADJOURNMENT

*Motion*

**Senior Management Report**  
**to the**  
**Board of Directors**  
**Thunder Bay Regional Health Sciences Centre**

**April 1, 2015**

**Medical and Academic Affairs**

**Academic Affairs and Interprofessional Education**

- Mock Code Blue drills are occurring within designated areas of the hospital 1-2 times per month. The drills allow for the evaluation of clinical competencies, process gaps and interprofessional collaboration. Through these events several opportunities have been identified for process improvement activities and skill development; the drills have become a great method for improving quality patient care.
- We had a 96.5% (28 out of 29) acceptance rate for our 4th year medical students matching into their residency programs this year. Many of the matches were with specialty medicine programs....ENT, Radiology, Anesthesia, Pediatrics to name a few.

**Medical Affairs**

- Diagnostic Services hosted 4 site visits for Radiologists during the month of March
- A letter of offer has been extended to a Pathologist
- Adult and Forensic Mental Health Services will be hosting a site visit for a psychiatrist at the beginning of April
- Dr. Nicole Zavagnin accepted the position of Medical Lead, Regional Primary Care – Cancer Screening. This position is essential to ensuring successful engagement and collaboration across the diversity of primary care contexts and teams.
- Dr. Pokrant will retire from Obstetrics and Gynecology as of April 1, 2015.
- Our Physician Recruitment Assistant promoted TBRHSC at the 19th Outside Quebec Career Day, an event for medical residents to learn about opportunities available to them outside of the province

**Pharmacy**

- The Pharmacy Department continues to operate at reduced hours of operation due to staffing challenges.
- The Pharmacy Department continues to actively recruit for Registered Pharmacy Technician vacancies.
- We hosted the Institute for Safe Medical Practice (ISMP) educational program “Facilitating Medication Reconciliation in the Community”, a 3 hour continuing educational event for community partners. An overview of the hospital Medication Reconciliation process was presented.
- The Pharmacy Department is currently hosting two Pharm D. Students, one from the University of Toronto and the other from the University of Waterloo.

## Health Human Resources, Planning, and Strategy

### Human Resources, Organizational Development, and Library Services

- The selection of a Leadership Development program is on hold pending recruitment of a new CEO.
- The Employee and Professional Staff Engagement Survey will begin in April.
- The RPN spring hire process has begun. Thirty-five registered practical nursing graduate interviews will be conducted throughout April.
- The RESPECT campaign was launched on March 20<sup>th</sup> and was a great debut for TBRHSC's participation in the city wide campaign.
- Training sessions were conducted for managers in the area of Fundamental Accounting and New Leaders.

### Labour Relations

#### Negotiations and Grievance Activity - As at March 31<sup>st</sup>, 2015

	COLLECTIVE AGREEMENT		LABOUR RELATIONS STATISTICS					#
	TERM	DETAILS	Grievances since Jan1/15	GRIEVANCES		ARBITRATION		Emp. by Union
				Active	Resolved	Active	Award	
ONA (central/local)	Apr. 1, 2014 - Mar. 31, 2016	Current	7	27	1	1		1050
COPE (local)	Apr. 1, 2011 - Mar. 31, 2013	Arbitration set for April 2015.	1	1	1		1	326
OPSEU (central/local)	Apr. 1, 2014 - Mar. 31, 2016	Current	4	23	2			403
OPSEU - Mtc. (local)	Sept. 29, 2013 - Sept. 28, 2017	Current	2	3	0			21
SEIU (central/local)	Oct. 12, 2013 - Dec. 31, 2017	Central is current. Local negotiations are in process.	2	7	3	1		598
PIPSC Med.	Jul. 1, 2013 - Jun. 30,	Reached agreement in	0	0	0			2

<b>Physicists (central)</b>	2016	November 2014						
<b>PIPSC- Assoc. Rad. Therapists (local)</b>	Oct. 2, 2012 - Sept. 30, 2016	This has been ratified. Pending finalization.	0	5	0	1		23
<b>TOTALS</b>								<b>2423</b>

### Strategy and Performance

#### 2020 Strategic Planning

- The 5 Partners Engagement Session generated lively table discussion to identify, sort, theme, and prioritize using 'DOTOCRACY' which validated some goals and changed others. It was a very successful day with a high level of interaction and participant satisfaction.
- The 5 Partners feedback informed further revisions to the strategic goals made by the consultants, working group, SMC and the Steering Committee. The final recommended goals were presented to our 5 Partners again on March 31 at the Accountability Session for validation.
- Immediately following the Accountability Session, the 5 Strategic Directions and final recommended goals will be presented to the Board for approval on April 1.
- With Board approval, the leadership team will then organize into 5 work teams to develop the workplans for each strategic direction during the month of April.

#### Accreditation

- An annual standards review process has been developed to ensure that the hospital maintains standards of care and detects areas of improvement each year within the new 4 year survey cycle.

### Decision Support

- Over the past month, significant work was required to finalize the 2015-16 budget, and incorporate late cost savings as well as adjustments to revenues due to ongoing receipt of updated funding letters.
- As part of Phase 1, a demonstration project was undertaken to use the business intelligence system and related data to complete root cause analysis on sick time and overtime usage. Results will be reviewed with TBRHSC leadership and should assist in making required improvements in 2015-16.

### Health Records

- Four temporary staff have been hired to assist in eliminating the scanning backlog.
- A policy to allow limited patient health information to be contained in unsecured emails has been approved. There will be a trial in two departments before it is available to be used throughout the organization.



## Occupational Health and Safety (OHS)

### Lost Shifts due to WSIB

2014/2015	Mar	Apr	May	June	July	Aug	Sep	Oct.	Nov.	Dec	Jan	Feb
Total Number of Incidents	54	75	62	61	56	63	90	74	57	76	74	61
WSIB Health Care Claims	7	13	7	11	7	10	21	14	15	16	10	7
WSIB Lost Time Claims	0	0	0	0	0	0	0	2	0	0	1	0
WSIB Lost Time Recurrences	0	0	0	0	0	0	0	0	0	0	0	1
Lost Time Days	3	0	0	0	0	0	0	7	16	0	3	10*
Near misses/hazardous situations	13	24	22	23	16	13	19	18	12	17	14	6
WSIB denied claims	3	5	5	3	6	3	4	1	0	0	0	3

\* part days

### Current Initiatives:

- The MOL hospital wide visit planned in early March was cancelled and will be rescheduled when a new CEO is in place.
- An unplanned MOL visit on March 18<sup>th</sup> focused on biological exposures, occupational health practices for staff immunization, surveillance protocols, and exposure follow up. One order was received to update a policy related to measure and procedures for meningitis.

### Volunteer Services

- National Volunteer Week will be held from April 10-18, 2015. This year's theme is *Volunteers Impact Patient Experience*. Look for the lobby display outside of Seasons Gift Shop, read the Volunteer profiles in the Chronicle Journal and iNformed, and participate in thanking our volunteers, patient family advisors, and Foundation volunteers.
- A Volunteer Celebration Dinner will be held on April 30, 2015 at the Victoria Inn beginning at 6 pm.
- Summer volunteer recruitment begins to fill all volunteer service areas. The areas for immediate recruitment are in the Hospital Elder Life Program (HELP), Information Desk, and Cancer Centre Level 2. Students who are 16 years of age or older may apply.

## EVP, Patient Services & CNE

### ED Patient Flow & Overcapacity

- ED continues to meet provincial targets for non-admitted high acuity patients with a length of stay (LOS) of 6.7 hours (target 7 hours) and low acuity LOS of 3 hours (target 4 hours) for the month of February
- Overcapacity continues to be a challenge resulting in sustained gridlock since January 4, 2015
- In February, 29 admitted patients waited in the ED each morning at 0800 for 45 hours (at the 90<sup>th</sup>%) in ED until they were transferred to an in-patient bed (target 25-27 hours). This time has increased from 28 hours from the previous year.

### ED Pay for Results

- TBRHSC will receive 2.3M in P4R funding for 2015/16
- P4R allocations are based on measures of overall hospital performance based on a point system which balances ED visits with acuity and wait times
- TBRHSC ED wait time performance exceeds provincial benchmarks in all areas except ED admitted LOS
- Action plans have been developed and submitted in support of the continuation of the Rapid Assessment Zone (RAZ) in the ED, Triage Enhancements, and the ongoing operation of the 10 bed Medical Short Stay Unit (T3).

### Surgical Overcapacity Pressures

- Year to date actual occupancy (97.4%) trending 8-10% over target (89.9%)
- Intermittent inpatient overflow into non-inpatient areas has occurred since January 2015;
  - 4 beds in the Post Anesthetic Care Unit (PACU)
  - 4 beds in the Surgical Day Care Unit (SDC)
- There have been significant patient flow delays related to inpatients occupying PACU space, as a result many surgical patients have needed to be recovered in the OR suites post-operatively. This in turn delays surgical lists, and results in cancellations at the end of the day.
- 26 surgical procedures have been cancelled since January 16th, all have been rescheduled and completed.
- This negatively impacts patients and families, and has created a level of concern and dissatisfaction amongst Surgeons and Anesthesiologists.
- PACU has not been utilized for overcapacity management since March 6, 2015 – and as a result there have been no surgical cancellations since that time

### OR Procedures Funded

- Despite the challenges of over occupancy and Gridlock, and through the extraordinary efforts of the Perioperative Team, we anticipate meeting all funded procedure targets.
- We are currently behind on bariatric and total hip surgeries however with the addition of OR block time/resources have been allocated to address these shortfalls.

### **Celebrating our Patient Family Advisors**

- Plans are underway to celebrate our Volunteers and Patients and Family Advisors (PFAs) during National Volunteer Week (April 12 -18) and at the Annual Dinner April 30, 2015 at the Victoria Inn
- It is an opportunity for all of us to thank our PFAs for their many contributions to our organization and “our care”!

### **PFAs attend Canada’s Top 10 Most Admired Corporate Culture Celebration**

- Keith Taylor and Marga Bond, Patient Family Advisors, attended Waterstone’s Canada’s Top 10 Most Admired Corporate Culture Celebration in Toronto – in recognition of the contribution the PFAs have made to our organization and our corporate organizational culture

### **Paediatric Bariatric Program**

- TBRHSC will receive \$289,000 in annualized base funding to support Bariatric Services for children and youth with complex severe obesity.
- These services will be provided by a Paediatric Bariatric Outpatient Program that will be administered under the umbrella of the TBRHSC Regional Bariatric Care Centre with administrative leadership from the Women and Children’s Program.
- The TBRHSC Paediatric Obesity Program will serve Thunder Bay and the NW Ontario Region (LHIN 14). Treatment will include secondary and appropriate tertiary levels of care including coordinated psycho-social, nutrition, physical activity, and/or pharmacotherapeutic interventions.
- Treatment focus will include intensive promotion of healthy behaviors to treat and/or prevent progression of obesity related risk factors; and treatment / reversal of co-morbidities and prevention of further co-morbidity in consultation and shared care to tertiary care centres as appropriate.
- The estimated volume of patients for the first year is 48 – 64 patients. The TBRHSC Paediatric Bariatric Program will offer a combination of “day-time” and “after-hour”/evening appointments to ensure the least amount of disruption to school, and parent work schedules. Each patient will receive a minimum 25 hrs of direct patient care over 24 months. Patients with higher intensity needs will receive an additional 25 hrs of direct patient care over 24 months.

### **National Organ & Tissue Donation Month -**

- Trillium Gift of Life Network (TGLN) has designated the month of April as Be A Donor month
- through our partnership with Trillium Gift of Life Network, TBRHSC will be actively participating in activities intended to bring awareness to organ and tissue donation
- During the week of April 19-25 TBRHSC will actively support Organ & Tissue donation through several initiatives which includes:
  - Display booth at TBRHSC during lunch hours
  - Cafeteria table cards promoting awareness and donation facts

- Walk about roaming cart to all areas providing education
- Publishing organ donation patient stories in the media
- Participating in Ontario's <https://beadonor.ca/> campaign
- Visit website for other events <http://www.giftoflife.on.ca/en/community.htm>

### Corporate Services and Operations

#### Financial Services

- The financial position of TBRHSC as at February 28, 2015 is a \$5,738,216 deficit compared to a budgeted deficit of \$5,087,938 and prior year deficit of \$3,217,901
- Overall, Patient Days are 6,043 greater than budget and 4,501 more than the prior year
- Emergency visits are 2,351 less than budget and 1,182 less than prior year
- Overall, staffing hours are 128,035 greater than budget and 106,124 more than the prior year with the largest unfavourable variances in paid sick hours, overtime and other benefits hours with a favourable variance in hours worked at regular rate
- Payroll distributed 2014 T4s in February and completed the Public Salary Disclosure list
- Due to 27 pay periods in 2014 a larger number of individuals reached the \$100,000 disclosure threshold

#### Capital Planning and Operations

- TBRHSC has no outstanding orders under the Fire Code (as overseen by the Fire Department) or Environment Protection Act (as overseen by Ministry of Environment) - and TBRHSC is not aware of any non-compliances in regards to the requirements of these legislations.

#### Informatics

- Electronic documentation was successfully implemented in Renal Dialysis at TBRHSC making clinical assessments and notes now available in the electronic medical record.
- Connectivity has been established with UHN and an image sharing solution has been implemented to enable TBRSC cardiology program to transfer digital diagnostic images securely to UHN for timely patient care.
- The Informatics team has completed an upgrade to the radiology voice recognition. This new platform will offer enhanced functionality for the radiologists and offer the ability to perform peer review.
- In collaboration with Cardiology, the Informatics Team has established connectivity and integration of echocardiography at Sioux Lookout Meno Ya Win with the cardiology information system at TBRHSC. This will allow for more timely review and evaluation of diagnostics for cardiology patients at SLMHC.
- Information Systems team was engaged by the NWHHA to assist in the integration of medication dispensing carts to the shared Hospital Information Pharmacy system for 10 hospitals in the region. Integration of all sites was completed in March.

## Chronic Disease Prevention & Management

### Cardiovascular and Stroke Program

- Agnew Peckham Health Planners are working with TBRHSC to assess opportunities to reduce overall capital costs of the proposed CVS project – the creation of a “One Program, Two Site” model for cardiovascular care with University Health Network’s Peter Munk Cardiac Centre (PMCC).
- TBRHSC’s Acute Stroke Intervention Trial, launched early February, is treating selected stroke patients with the new “gold standard” in care.
- The Cardiac Cath Lab equipment replacement project is on time with an expected completion date of mid April.
- Preparations continue toward the April 6<sup>th</sup> opening of the dedicated 12-bed Regional Stroke Unit. Specialized stroke training for the care team is nearing completion.

### Chronic Disease Prevention and Management Program and Medicine Services

- Our application for the Senior Friendly Hospital ACTION (Accelerating Change Together in Ontario) Program was approved and four of our staff will participate in this training program. This is an advanced leadership training program offered to all publicly-funded hospitals in Ontario for whom enhancing services to seniors is an important objective. As a result of participation in the SFH ACTION Program, we will have staff resources with knowledge, skills, and expertise to optimize our senior friendly hospital achievements.

### Adult and Forensic Mental Health Program

- Adult Mental Health Services experienced a severe psychiatric shortage beginning in February. Through aggressive recruitment efforts, we have been able to secure psychiatrists for locum coverage and hope to have the psychiatric resources stabilized by the fall.
- Nursing staff have begun an evening relaxation group for patients. It has been well received.
- The Brief Intervention Treatment Team (BITT) has had their funding extended to March 31, 2017. Two team members are leaving and recruitment is underway.
- The Forensic Programs of Ontario, with the support of the MOHLTC, have agreed to implement the “Safewards” approach to enhancing safety within each of the Forensic Programs. It will be implemented along with current safety plans and processes. This is an evidenced-based model that addresses a broad range of factors including preventative approaches and incident management.
  - As there will be identified surplus within the Forensic new money funding, the Ministry has approved a portion of this money to go towards this initiative.
  - This model is currently used in UK, Belgium, Finland, and Germany. Existing risk management, incident management training, and unit-based practices fit within the approach.



- Given the push for having security guards on the units as a permanent presence, a cohesive province-wide approach is needed given the position of the Ministry of Labour and ONA.

### **Mental Health Outpatients**

- The ACT (Assertive Community Treatment) physician has scaled back service for ACT and we are exploring various options to meet client needs.
- There is one individual on the wait list for the ACT service.
- CAST (Community Assistance Stabilization Team) continues to intake clients, often same day service.
- Shared Mental Health Care had its first quality improvement meeting with a quality improvement facilitator and subsequent meetings have been scheduled.
- Renovations to the Amethyst House (new floor, wheel chair accessible doors, kitchen for client skill teaching) are in progress with a March 31<sup>st</sup> completion date.
- Infrastructure for point of care charting is being mobilized (laptop computer, docking stations, etc.)
- The CAST service plan is finalized and on-line. PATH (Program for Assertive Treatment and Hope) is in the process of finalizing a service plan based on set criteria.

### **Regional Cancer Program**

- Together with the Northeast Cancer Program and Cancer Care Ontario's Program in Evidence Based Care, we have implemented a Survivorship Disease Pathway for Colorectal Cancer well follow up. This pilot project looked at using EMRs to provide automatic prompts to both patients and their primary care provider to inform them of important cancer surveillance intervals. This pilot project is wrapping up in April. Once the full evaluation has been completed, we may consider rolling this out to all disease sites that are currently eligible for discharge through the Transition Clinic pathway.
- The Cancer Program hosted Cancer Care Ontario's Funding Unit on March 25<sup>th</sup> for a regional roadshow to discuss the Systemic Therapy, Surgical Oncology and GI Endo QBPs. Excellent engagement took place with our Level 4 Regional Systemic Therapy Sites as well as all the TBRHSC programs and services impacted by the changes in funding.
- After two years of regularly adjusting the treatment hours in the Radiation Therapy Department to accommodate additional treatments beyond an 8 hour day, the program is piloting a 10 hour day model that is used by most other Cancer Centres. A 6 month trial of a consistent 10 hour treatment day schedule has commenced in March and will be evaluated for efficiencies, staff satisfaction, and costs.

### **Prevention and Screening Services**

- On March 13<sup>th</sup> a session for primary and allied healthcare providers, called 'Exercise is Medicine', was hosted in partnership with the NW LHIN. Dr. Paul Oh presented on prescribing physical activity as a practical tool in primary care with a goal of

integrating physical activity as part of prevention and treatment of chronic disease in Canada.

- On March 20<sup>th</sup>, TBRHSC formally announced their commitment to the city-wide *respect* initiative with a media launch. Staff were asked to wear green to work in honour of the International Day for the Elimination of Racial Discrimination (March 21<sup>st</sup>). Each year TBRHSC staff will wear green in honour of this day.
- As part of Colorectal Cancer Awareness Month (March), colorectal cancer screening promotions have been ongoing in the community throughout. One of the largest events was the Outdoors Show where more than 300 people were engaged at the booth and Screen for Life Coach nurses were handing out fecal occult blood test (FOBT) kits to eligible adults who needed one.
- The Screen for Life Coach team is engaging more First Nation communities to discuss cancer screening barriers and needs to determine if the Coach is an appropriate service to provide in their communities. In 2014, the team met with 11 communities in the Grand Council Treaty #3 area, 9 of which were new, and are now branching out to the Robinson Superior Region and Union of Ontario Indians east of Thunder Bay.
- The Wequedong Lodge Project, which is part of the Aboriginal Cancer Strategy, has created a culturally appropriate toolkit for members of the health community to use for education about cancer screening.

#### **Supportive, Palliative Care and Telemedicine Services**

- Telemedicine and the Fracture Clinic are piloting fracture clinic follow-ups for regional patients via telemedicine. Between January and March, 116 patients were seen. Different integration models are being trialed with the hopes of expanding the service in the future.
- Final proofing of the patient services directory translation into phonetic and syllabic Oji-Cree is complete.
- Spiritual Care interviews are scheduled for April 8<sup>th</sup>. This position posting scope includes expertise in indigenous spiritual and religious care.

#### **Quality and Risk Management**

##### **Quality Improvement Plan**

- The Quality Improvement Plan (QIP) is ready for submission to Health Quality Ontario and the North West Local Health Integration Network and will also be posted on the internet website
- The QIP has been approved by Senior Management Council and the Quality Committee of Board
- The QIP is submitted on line through the Navigator tool for April 1, 2015
- The QIP is signed by the President & CEO, Chair of the Quality Committee of the Board, and the Chair of the TBRHSC Board

##### **Research Ethics Initiative**

- The name of the initiative has changed to the Research Quality Oversight Program



- The steering committee determined the change in the name to reflect direction of project, to oversee the development and implementation of a quality program for research activities conducted at TBRHSC and TBRRI

The Quality Governance Working Group for TBRRI has:

- convened to develop a comprehensive research quality oversight framework aimed at enhancing the capability of TBRHSC and TBRRI to achieve high level research and to guide all research activities that take place at TBRHSC and TBRRI
- completed an environmental scan (Sunnybrook and Ottawa - based on comparative models for research quality)
- began work on a proposed model

### Infection Prevention and Control

- Infection Prevention and Control continues to be increasingly challenged due to overcapacity
- Efforts to limit the spread of hospital-acquired infection are increasingly difficult when untraditional spaces are utilized for inpatient care delivery
- 8 hospital-acquired cases of C-difficile were seen in January this year compared to an average of three per month for the preceding year
- To address the increase, an enhanced cleaning processes is in place using a changed cleaning product with increased attention to cleaning high-touch surfaces in patient care areas
- Increased but stable numbers of influenza were seen in January 2015
- H3N2 follows a predictable course, presenting characteristically in typical patient populations and a second smaller peak of Influenza B in March/April is expected
- Our Ebola preparedness policies, plans, and implementation/education meet or exceed the provincial requirements
- The Ministry of Health and Long-Term Care sent out a reminder notice to continue with acute respiratory illness screening with particular attention to travelers returning from China or the Middle East. Middle East Coronas Virus (MERS-CoV) and H7N9 persists in those areas, although no sustained human-to-human transmission has been noted, but the potential for 'mutation' or antigenic shift remains
- Infection Control and Prevention will work collaboratively with Occupational Health and Safety and Interprofessional Education to ensure an appropriate corporate response

### Research

#### Cyclotron Update

- Grand opening will take place on April 7<sup>th</sup> at the Health Services Centre
- Public tours are being advertised and will take place on April 11<sup>th</sup> & 12<sup>th</sup>
- Working to identify a partner who would be responsible for the distribution of isotopes that will be produced by the cyclotron/radiopharmacy

- Approvals to operate the facility have been received from the Ministry of the Environment
- Once the commissioning of the unit is complete, the final license application can be submitted to the Canadian Nuclear Safety Commission and once the facility is operational, staff will work on license packages to Health Canada.

#### Collaborative Grant Award

- The Northern Ontario Academic Medicine Association (NOAMA) has awarded Dr. Anthes and her co-investigators from NOSM & TBRRI with a \$100,000 grant for a project on the *Pre-clinical Assessment of Novel Combination Cancer Therapies*
- The research will use compounds already approved for human use in combination with HIFU to temporarily sensitize cancer cells to radiation therapy – PET will also be used to guide dosing regimens and identify areas in a tumour that are resistant to radiation therapy.

#### Clinical Trials Updates

- **Obtaining patient consent to review medical records for research** is a joint initiative that has been put in place by TBRHSC & TBRRI and starts with several questions that will be administered to patients upon admission
- The purpose of this initiative is to help identify patients that are potentially eligible to participate in clinical trials
- **Dr. Arnold Kim** is trialing **NLites** using medical learners in the Emergency Department
- The software allows health care providers to document patient information and order tests in one step – the software interprets typed text and translates the notes in a way that allows for data retrieval, reports and decision making
- **Kathleen Romano** has left her position as Clinical Trials Manager – planning is underway to transition this role.

#### Research Quality Oversight Program Update

- Staff and the Governance Working Group continue to work to finalize a draft research quality governance framework for TBRHSC/TBRRI
- An environmental scan of other academic health sciences centres regarding their research quality structures and practices has been completed.

#### Communications & Engagement, Aboriginal Affairs and Government Relations

##### Media Activity

- Media calls/requests: 4
  - Information request re unregistered births in NWO
  - Budget/Deficit
- Media Releases: 5
  - Appointment of Interim President & CEO
  - Save A Heart Car Raffle
  - Patterson Foundation \$500,000 Gift to Exceptional Cancer Care Campaign

- Colorectal Cancer – Ontarians at Increased Risk
- TBRHSC Joins City-wide respect. campaign

- Media Events:
  - Save A Heart Car Raffle - Winner
  - Patterson Foundation \$500,000 Gift to Exceptional Cancer Care Campaign
  - TBRHSC Joins City-wide respect. campaign
- CJ Features: 18

#### **Aboriginal Affairs**

- Aboriginal Engagement Lead attended the Facilitators Training for Walk a Mile March 14 & 15 facilitated by the City of Thunder Bay
- Aboriginal Patient Navigator in the Emergency – Interviews week of March 23
- New members of the Aboriginal Advisory Committee Kathy Spence Thunder Bay Indian Friendship Centre, Natalie Paavola Fort William First Nation and Joy Nieminen from Lakehead University
- Presented to the Volunteer Advisory Council Meeting - Challenges for patients coming from the remote communities for medical appointments
- Letter of Support from the Aboriginal Advisory Committee regarding Drs. Naana Jumah and Chris Mushquash's proposal to develop a Centre of Excellence in Addiction and Mental Health for Aboriginal People in Northwestern Ontario.

#### **Strategic Plan 2020**

- Successful 5 Partners engagement on March 7 with 87 participants
- Preparation for 5 Partners accountability on March 31

#### **Engagement**

- Preparation for 5 Partner Engagement March 31.
- Preparation for iLead engagement regarding Ministry of Labour regulations re: food & drink in patient care areas.

#### **Project Support**

- TBRHSC Website fixes and prep for public launch
- Cyclotron Official Launch and public tours preparation
- Communications and event planning continues for upcoming special recognition weeks: Volunteer Week, Organ Donation Week, Mental Health Awareness Week, Colorectal Month
- Preparations for launch of the Regional Stroke Unit
- Ebola Task Force support
- Walk-a-Mile Training preparation (Cultural Sensitivity)
- Code of Conduct



Senior Management

- Annual Reports – TBRHSC and TBRRI

#### **Government Relations**

- The Board of the Thunder Bay Chamber of Commerce toured the cyclotron facility in March and were updated about the business opportunities and economic impact of TBRRI.
- The Grand Opening of the cyclotron is scheduled for April 7 where local, provincial and federal investments in the project will be celebrated.

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together

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**Northern  
Cancer Fund**



**Northern  
Cardiac Fund**



**Health Sciences  
Discovery Fund**

Report to the Thunder Bay Regional Health Sciences Centre Board of Directors  
April 2015

### **Elekta Bachelors for Hope Charity Auction**

Get your tickets now! Join us on April 16 at the Victoria Inn for a gourmet dinner and entertainment followed by the auction of 10 of Thunder Bay's finest and most eligible bachelors. Each bachelor comes with a fabulous date package including a main event, dinner at one of Thunder Bay's finest restaurants, and a pamper package for the successful bidder. Women have the option of taking the bachelor on the date or taking their significant other! 100% of monies raised at this event are dedicated to breast cancer research, education, diagnoses, and treatment, and support the needs of breast cancer patients in Northwestern Ontario.

### **April is Cancer Awareness Month**

What better way to acknowledge Cancer Awareness Month than to learn more about our cancer services? Your regional program supports 13 satellite locations providing closer to home care – and the Foundation is proud to help along the way. Thanks to generous donors throughout Northwestern Ontario, we are making exceptional cancer care possible closer to home. Many are living with cancer rather than dying from it – thanks to early detection, innovative treatment and research driving us into the future.

### **New Baby?**

The First Marks Club is the perfect gift for the new baby in your family. Your gift invests in the best care possible for the smallest patients at the Health Sciences Centre and places their name on a 'footprint' in Maternal Newborn. Grandparents often create a family tradition of enrolling grandchildren. If you would like more information about the First Marks Club please contact Athena Kreiner, Manager, Annual Giving Program at 684-7112.

### **Get your Tickets Now!**

29th Annual Rotary House Lottery Draw Date is July 1, 2015! This date will be here before we know it. Get your tickets for your chance to win the grand prize - 1,700 square foot home (valued at \$426,294!). Other prizes include \$50,000 is available in early bird cash draws starting April 22. Tickets are \$100.00 and only 10,000 will be sold! Visit our tickets sells outside of the Donation Office to purchase your ticket now!

### **Leaving your mark on healthcare**

It's official – spring is here! As the days get longer and activities pick up with friends and family, it may be time to visit updating your will, including making a gift to the Foundation as a lasting legacy. It's likely that you or someone you love has been a patient at the Health Sciences Centre in some way – from new babies born here to the Emergency Department or Pediatric Outpatient – you know the impact health can have on all of our lives.

Take some time this spring to think about how you could impact healthcare offered in our region. A gift to the Health Sciences Foundation in your Will could have significant positive implications for the administration of your estate and will help put tools in the hands of the healthcare professionals at the Health Sciences Centre – offering better care to your children and grandchildren for the future.

Every gift makes a difference and we hope that you've taken the time to think about what your legacy could be. Haven't had a chance? Want to know where your gift could make a difference? Please contact Terri Hrkac, Director, Planned and Major Gifts at 684-7109 for more information.

# **Chief of Staff Report**

to the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre

April 2015

Chief of Staff

## **Chief of Staff**

### **Incomplete Records**

- Completion of medical records by Professional Staff continues to be monitored and reviewed regularly
- A meeting was held with Health Records to review the policy and to determine new strategies for increasing compliance with timelines for record completion
- The policy will be brought to MAC for consultation

### **Medical Staff Policy – MS-23**

- Data from Health Records continues to be reviewed to determine if it will meet our needs to determine any education gaps following the revision to the Medical Staff policy, 'Clinical Consultation for the Most Responsible Physician (MRP) – Emergency Department'

### **Physician Management Institute (PMI)**

- The Physician Management Institute (PMI) workshop, entitled 'Developing and Leading System Improvement' took place at Whitewater Golf Course on March 6-7, 2015
- The workshop covered an introduction to quality improvement methods, including a focus on efficiency and access
- The workshop was well attended by our physician leaders and interprofessional team at Thunder Bay Regional Health Sciences Centre

### **Morbidity and Mortality Rounds**

- A draft policy and procedure for departmental M&Ms will be updated and finalized in collaboration with Quality and Risk Management

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# CNE – Open Report

To the  
Board of Directors  
Thunder Bay Regional Health Sciences Centre

April 2015

Chief Nursing Executive

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## **TBRHSC becomes Mentor Organization for Best Practice Spotlight Organization (BPSO) Candidates:**

- As a BPSO Designate, TBRHSC has been invited to work with a BPSO candidate joining the designation in Cohort 5 (2015-2018) in the role of **mentor!**
- As a mentor organization, TBRHSC delegates attended mentor/mentee partnership kick off meeting on March 24, 2015 in Toronto
- As a mentor organization, TBRHSC will provide 3 years of support to a mentee organization in the areas of: BPG planning, implementation and evaluation, regional linkage development, measurement and evaluation of patient outcomes, while providing leadership support for successful BPSO candidacy.
- St. Josephs Care Group Thunder Bay is our partner mentee facility. As a BPSO Candidate they have selected 5 BPGs which align with many of our BPGs: Caregiving Strategies for Older Adults with Delirium, Dementia and Depression, Establishing Therapeutic Relationships, Prevention of Falls and Fall Injuries in the Older Adult, Screening for Delirium, Dementia and Depression in Older Adults, and Strategies to Support Self-Management in Chronic Conditions.
- TBRHSC is pleased to be moving forward as a BPSO Designate to support the development of other organizations seeking candidacy

## **13<sup>th</sup> Annual Nursing Scholarship Forum:**

- TBRHSC is pleased to host the 4<sup>th</sup> year nursing students from Lakehead University and Confederation College BScN Program on Thursday April 2, 2015 for presentations of scholarly work resulting from a culmination of their learning experiences throughout their nursing program. Examples of presentations include: Postoperative pain management in the PACU; Delayed Cord Clamping – A nurses ability to change practice; and, Insight into Dementia Care.

## **New Graduate Nurse Hires:**

- TBRHSC has hired 73 new Full Time Nurses through the Annual Spring Hire.
- RPN Spring Hire interviews are scheduled for early April, with an anticipated hire of 15-20 RPN Graduates



### Professional Practice

- Bill 21, the Safeguarding Health Care Integrity Act, 2014 will expand the oversight authority of the Ontario College of Pharmacists (“OCP”) to include hospital and institutional pharmacies. It is anticipated that the OCP will perform an on-site assessment of TBRHSC’s pharmacy sometime this summer. The pharmacy, in collaboration with Professional Practice, is planning for this assessment to ensure that appropriate systems are in place to meet all expectations.
- Bill 21 will also expand oversight of Regulated Health Professionals by introducing new mandatory reporting requirements to health regulatory colleges. To respond to these changes Professional Practice will ensure there are clear protocols for meeting the new mandatory reporting requirements to health regulatory colleges, and to act upon confidential information provided by college investigators. Bill 21 has passed but has not yet been proclaimed. Proclamation of the bill and regulations is expected in December 2015/early 2016.



Francophone and 33 (10%) self-identified as Aboriginal. Following from the interviews, the Admissions Committee will assess all the information on these candidates in the lead up to sending out first round offers to 64 selected candidates on May 12. Orientation week for our 2015 first year class begins on August 24.

Interviewing 320 plus applicants over two weekends is a huge logistical exercise and a major challenge for all involved. It is also of great importance to the School as the process is as much about inspiring applicants that this is the medical school for them, as it is about selecting which of them will be offered places in the NOSM MD program. Many students, faculty and staff members, as well as individuals from the communities of Northern Ontario (not just Sudbury and Thunder Bay), contribute considerable time and effort to the success of the interview weekends. Thank you to all of you for your participation in this process which is very important to the School. Congratulations to Dr Owen Prowse, Assistant Dean Admissions, Miriam Cain, Director Admissions and Learner Recruitment, Julie Pacifico, Admissions Officer and the whole team on the success of the selection and admissions process.

### CaRMS Match 2015

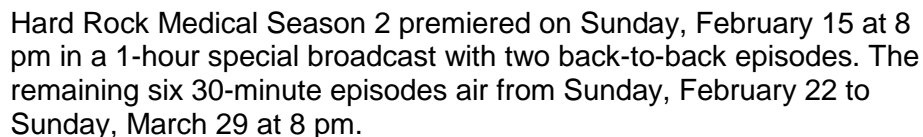
During their final year, MD students submit applications to undertake their residency education. They may choose a program in any specialty offered by any medical school anywhere in Canada. Residency program directors review the applications received and call selected applicants for interview in late January and early February each year. Subsequently, the student applicants and the residency program directors submit their preferences in order of priority to the Canadian Residents Matching Service (CaRMS) which runs a computer match in early March.

Wednesday March 4 was this year's CaRMS match day. This year, all NOSM students except one were matched in the first CaRMS round with 62% matched to family medicine (predominantly rural) residency programs, 27% matched to other general specialties like internal medicine, general surgery and paediatrics and 11% matched to subspecialties, including Diagnostic Radiology, Neurology, Radiation Oncology, ENT and Plastic Surgery. 35% of this year's NOSM MD graduates will be undertaking their residency with NOSM. 46 of 55 places in NOSM residency programs were filled in this round including three of the seven Royal College programs (Anesthesiology, Orthopedic Surgery and General Surgery), and all seven Family Medicine streams (including Rural). All unfilled places are likely to be matched in the second round of CaRMS. Once again, NOSM's CaRMS match results are truly outstanding when compared to other Canadian medical schools. Please join me in congratulating the students, the program directors and all involved faculty and staff members on this phenomenal success.

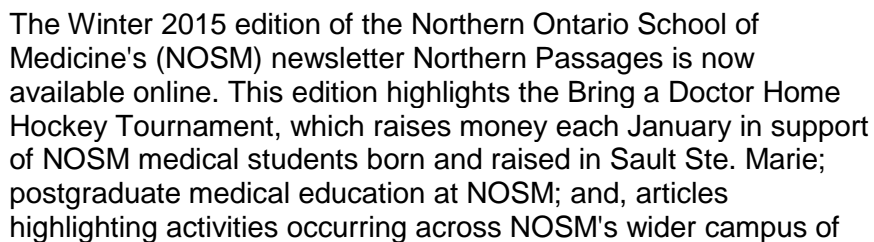
### Northern Health Research Conference Registration Opening Soon

The Northern Ontario School of Medicine (NOSM) invites you to the tenth annual Northern Health Research Conference (NHRC) to be held in Timmins, Ontario. This conference demonstrates NOSM's commitment to health care and education to the people of Northern Ontario and beyond. The NHRC continues to explore research activities within Northern Ontario arising from community-based activities. It will highlight projects underway from students, residents and community-based researchers. The conference provides opportunities for collaboration and community networking.

Visit the site for more information: <http://www.nosm.ca/nhrc/>



## Northern Passages Winter 2015 Now Available



Northern Ontario. On line version: <http://www.nosm.ca/northernpassages/>

**NOSM** CELEBRATES TEN YEARS...  
WITH *Thanks*  
Thank you | Merci | Miiqwetch

For more news and information visit [www.nosm.ca](http://www.nosm.ca)

Respectfully submitted,

Dr. Roger Strasser AM  
Dean and CEO  
Professor of Rural Health  
Northern Ontario School of Medicine

TBRHSC Board of Directors Comprehensive Work Plan  
Revised March 27, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
1	Financial Oversight	Initial Meeting of Audit Committee	Aud							x					
2	Financial Oversight	Review Evaluation of Auditors	Aud							x					
3	Financial Oversight	Independence Questionnaire	Aud							x					
4	Financial Oversight	Approve Audit Work Plan	Aud							x					
5	Financial Oversight	Audit Plan (Grant Thornton)	Aud							x					
6	Risk Identification and Oversight	Review Results of Interim Audit Conducted in January	Aud								x				
7	Performance Measurement and Monitoring	Discussion of Year-end Reporting Issues	Aud								x				
8	Financial Oversight	Review Audit Statement Presentation	Aud								x				
9	Financial Oversight	Individual Program Audit Reports	Aud								x				Removed from WorkPlan
10	Financial Oversight	Presentation of PSAB Standards	Aud								x				Removed from WorkPlan
11	Financial Oversight	Update on New Hospital Capital Audit	Aud								x				Removed from WorkPlan
12	Financial Oversight	Review and Recommend Year End Financial Statements for Approval to the Board	Aud										x		
13	Financial Oversight	Audit Results (Grant Thornton)	Aud										x		
14	Financial Oversight	Management Letter	Aud										x		
15	Financial Oversight	Claims Summary	Aud										x		
16	Risk Identification and Oversight	Analysis of Legal Fees as at March 31	Aud										x		
17	Financial Oversight	Evaluation of Auditors	Aud										x		
18	Performance Measurement and Monitoring	Recommend Appointment of Auditors	Aud										x		
19	Performance Measurement and Monitoring	Approve Year-end Financial Statements	Aud											x	
20	Financial Oversight	Statements for Approval to Board	Aud										x		
21	Stakeholder Communication and Accountability	Set up Partnership Meetings for the year	BD		x										
22	Governance	Monthly Education Topics for the Board	BD		x	x	x	x	x	x	x	x	x	x	

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
23	Oversight of Management	Participate in CEO Evaluation via website	BD									x			
24	Oversight of Management	Participate in COS Evaluation via website	BD									x			
25	Governance	Approval of By-Laws	BD										x		
26	Governance	Approve Slate of Nominees to Fill Board Vacancies	BD										x		
27	Oversight of Management	Approve CEO Evaluation	BD											x	
28	Oversight of Management	Approve COS Evaluation	BD											x	
29	Governance	Approval Committees Work Plans and Terms of Reference	BD				x								TOR have been put on a standardized template and will be sent back to Committees for review
30	Legal Compliance	Accessibility Update	BD					x							
31	Legal Compliance	Environmental Compliance and Fire Safety Update	BD			x		x		x			x		
32	Quality Oversight	Critical Incidents Presentation	BD				x		x			x		x	
33	Oversight of Management	Physician Recruitment Plan Update	BD					x							
34	Performance Measurement and Monitoring	Strategic Plan Update	BD					x				x			
35	Quality Oversight	Research Ethics Board Appointments	BD			x									
36	Quality Oversight	Research Ethics Board Report	BD								x				Targetted
37	Performance Measurement and Monitoring	Scorecard	BD				x						x		
38	Governance	TBRRRI Update	BD				x						x		
39	Governance	Foundation Update	BD				x								
40	Governance	Gridlock Update	BD		x	x	x	x	x	x	x	x	x	x	
41	Governance	Preliminary Review of By-Laws	BL								x				Meeting delayed to April 8
42	Oversight of Management	Evaluation of CEO	EC										x		
43	Oversight of Management	Evaluation of COS	EC										x		
44	Governance	Ensure Board Meeting Evaluations are Completed	Gov		x	x	x	x	x	x	x	x	x	x	
45	Governance	Identify Education Needs for Coming Year	Gov		x										
46	Governance	Plan Annual Board Retreat	Gov		x										
47	Governance	Review Annual Board Evaluation, Board Self Evaluation and Team Effectiveness Form	Gov			x									
48	Governance	Review all Board Policies - Identify Revisions Required	Gov			x									

TBRHSC Board of Directors Comprehensive Work Plan  
Revised March 27, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
49	Governance	Review Board Committee Terms of Reference	Gov			x									TOR have been put on a standardized template and will be sent back to Committees for review
50	Oversight of Management	Review CEO/Chief of Staff Performance Evaluation Process (subject to revised policy approval)	Gov			x									
51	Governance	Review Meeting Evaluations for the Quarter	Gov			x				x		x			
52	Governance	Board Self Assessment Questionnaire - Distribute to Board Members for Completion	Gov					x				x			
53	Governance	Team Effectiveness Scale - Distribute to Board Members for Completion	Gov					x				x			
54	Governance	Review Board Committee Attendance Summary	Gov							x			x		
55	Governance	Review By-Laws	Gov									x			
56	Governance	Annual Board Evaluation - Performance Review	Gov										x		
57	Governance	Review Orientation Program	Gov										x		
58	Governance	Review Committee Work Plan	Gov			x									Further revisions required will be brought to next meeting



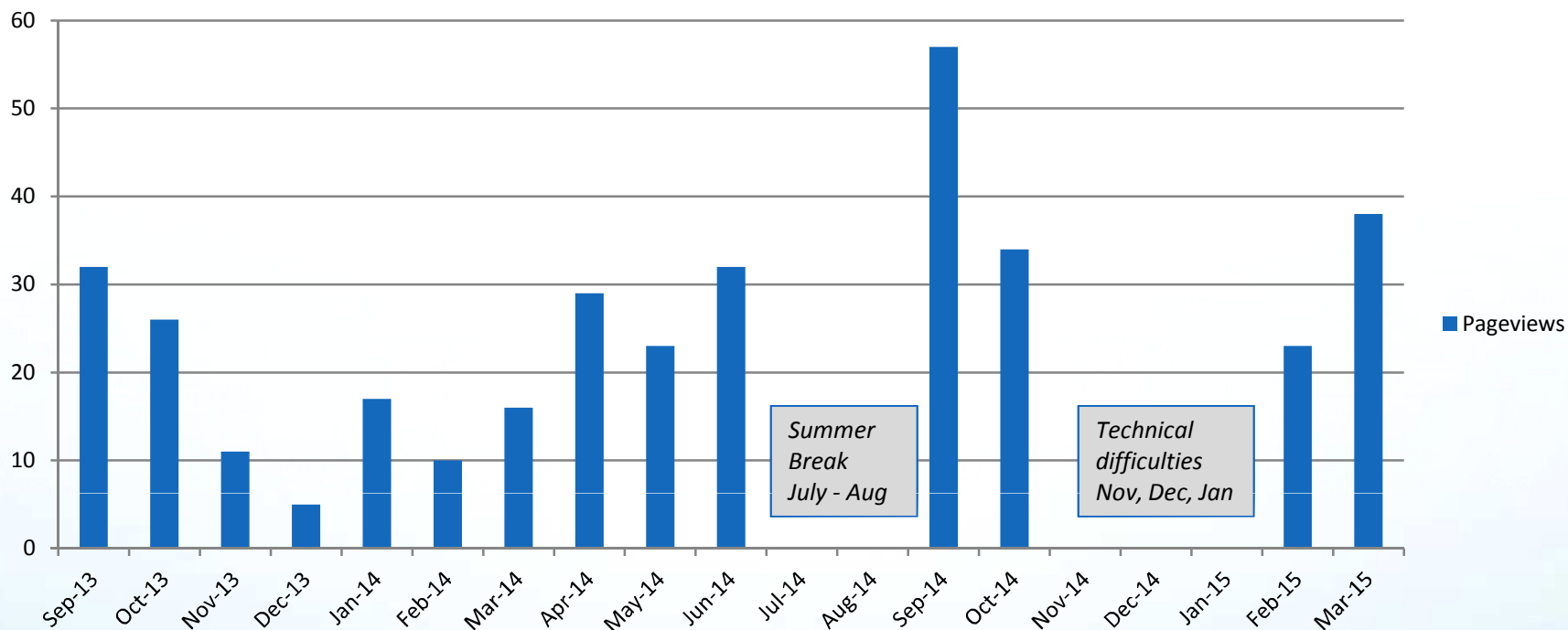
TBRHSC Board of Directors Comprehensive Work Plan  
Revised March 27, 2015

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
59	Governance	Review Board Forms	Gov		x										
60	Governance	Review Committee Membership	Gov		x										
61	Governance	Review Applications for Board Vacancies	Nom								x				Meeting delayed to April 8
62	Governance	Nominating Committee - Candidate Interviews for Board vacancy	Nom									x			
63	Governance	Review Board Composition Profiles documents for use of Nominating Committee: Policy BD-45 Preferred Selection Criteria for Board Membership Skills Matrix for Board of Directors Applicants	Nom							x					
64	Quality Oversight	Litigation	Qual						x					x	
65	Quality Oversight	Patient Safety/Public Indicators	Qual		x				x			x		x	
66	Quality Oversight	Review Quality Terms of Reference	Qual		x										
67	Quality Oversight	Review Quality Work Plan	Qual		x										
68	Quality Oversight	Programs & Services Presentations	Qual		x	x	x	x	x	x	x	x	x	x	
69	Quality Oversight	Comments/Compliments/Complaints	Qual			x					x				
70	Quality Oversight	Quality Improvement Plan Except From Balanced	Qual			x		x			x			x	
71	Quality Oversight	Critical incidents/MAC recommendations	Qual				x					x			
72	Quality Oversight	Risk Management	Qual				x			x					
73	Quality Oversight	Emergency Preparedness	Qual					x					x		
74	Quality Oversight	Accreditation	Qual			x				x					
75	Quality Oversight	Quality Improvement Plan Approval	Qual								x				
76	Quality Oversight	Quality and Risk Management Policies	Qual										x		
77	Quality Oversight	Research Ethics Board	Qual			x			x			x		x	
78	Financial Oversight	Financial Pressures Relating to Risk	Qual	x											
79	Quality Oversight	Credentialing Process/Professional Staff & regulated licensed Professional processes	Qual		x										

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
80	Financial Oversight	Financial Statements and Variance Report and Quarterly Review	RP		x		x			x					
81	Financial Oversight	Health Services Centre Update	RP		x										
82	Financial Oversight	Hospital Improvement Plan	RP		x								x		
83	Financial Oversight	Board Attestation: Wages and Sources Deductions	RP		x	x			x			x			
84	Financial Oversight	Non Bargaining Salary and Benefits: Increases	RP		x										
85	Financial Oversight	Work Plan Approval	RP		x										
86	Financial Oversight	Terms of Reference Approval	RP		x										
87	Financial Oversight	2359031 Ontario Inc Financial Statements (information)	RP		x										
88	Financial Oversight	Financial Statements (information)	RP		x	x		x	x		x	x		x	
89	Financial Oversight	CAPS Submission to LHIN	RP			x									
90	Financial Oversight	Human Resources and Organizational Development	RP			x									
91	Financial Oversight	Corporate Balanced Scorecard Review	RP			x		x						x	
92	Financial Oversight	H-SAA Operating Plan Submission (update)	RP			x									deferred to Dec.
93	Financial Oversight	Funding HBAM and Quality Based Procedures (update)	RP				x								
94	Financial Oversight	HAPS Update	RP				x								deferred to Dec.
95	Financial Oversight	Budget Planning Targets and Directives Presentation	RP				x								
96	Financial Oversight	Budget Planning Process Update	RP				x								Removed as duplicate topic
97	Financial Oversight	Broader Public Sector Travel & Expenses Reporting	RP				x								
98	Financial Oversight	Investment Portfolio Update	RP					x							
99	Financial Oversight	Northwest Supply Chain Performance and Medbuy Update	RP					x						x	
100	Financial Oversight	Capital Equipment and Capital Projects Update	RP						x			x			
101	Financial Oversight	Broader Public Sector Attestation Update	RP						x						

Item #	Accountability	Activity	Responsible Body	As Needed	September	October	November	December	January	February	March	April	May	June	Comments
102	Financial Oversight	Capital Budget Planning Update	RP							x					
103	Oversight of Management	Physician Recruitment and Retention Update	RP							x					Deferred to March 2015
104	Financial Oversight	Operating Plan Approval	RP								x				
105	Financial Oversight	Capital Plan Approval	RP								x				
106	Financial Oversight	Capital Budget Summary	RP								x				
107	Financial Oversight	Labour Relations, Grievances and Arbitration Update	RP								x				Deferred to May 19 2015
108	Legal Compliance	Occupational Health and Safety Program update	RP								x				Deferred to May 19 2015
109	Risk Identification and Oversight	Data Centre Disaster Recovery Plan update	RP								x				
110	Financial Oversight	Public Sector Salary Disclosure to MOH	RP								x				
111	Financial Oversight	Capital Budget	RP									x			
112	Financial Oversight	Unaudited Preliminary Year End Financial Statements	RP										x		
113	Financial Oversight	Numbered Companies Statements Unaudited	RP										x		
114	Financial Oversight	TBRRRI Financial Statements Unaudited	RP										x		
115	Risk Identification and Oversight	TBRRRI Operating and Capital Budget Report	RP										x		
116	Risk Identification and Oversight	Broader Public Sector T&E Expenses	RP										x		
117	Oversight of Management	BPS Compliance Reports	RP										x		
118	Oversight of Management	Non Patient Legal Matters Update	RP										x		
119	Oversight of Management	Declaration of Compliance H-SAA and M-SAA	RP											x	
120	Risk Identification and Oversight	TBRRRI Audited Year End Financial Results	RP											x	
121	Financial Oversight	Investments Performance Review	RP											x	
122	Financial Oversight	Investments Policy Review	RP											x	
123	Financial Oversight	Work Plan for following year	RP											x	
		<b>Responsible Body Legend:</b>													
		Aud Audit Committee													
		BD Board of Directors													
		EC Evaluation and Compensation Committee													
		Gov Governance Committee													
		Nom Governance/Nominating Committee													
		Qual Quality Committee													
		RP Resource Planning Committee													
		BL Governance/By-Laws Committee													
		<b>Colour Legend</b>													
		Completed by target													
		In progress but not completed by target													
		Not in progress, and not completed by target													

## Page Views: Open Board Meeting Webcast September 2013 – March 2015



Month	# of Page Views	Month	# of Page Views	Month	# of Page Views
Sept 2013	32	Mar 2014	16	Nov 2014	Technical difficulties
Oct 2013	26	April 2014	29	Dec 2014	Technical difficulties
Nov 2013	11	May 2014	23	Jan 2015	Technical difficulties
Dec 2013	5	June 2014	32	Feb 2015	23
Jan 2014	17	Sept 2014	57	Mar 2015	38
Feb 2014	10	Oct 2014	34		

# Volunteer Voice

## TBRHSC Volunteer Services Newsletter

Spring 2015

### Please Come! Volunteer Appreciation Dinner

April 30, 2015

Victoria Inn  
5:30 pm—Symposium  
6:00 pm—Dinner

Music Presentation by  
Sid Czinkota

Call to register: 684-6266

See the invite in this  
mail out!



## CONTACT US

**Volunteer Voice** is prepared by TBRHSC's Volunteer Services Program. Contributions may be sent to Liz Straiton, Manager, Volunteer Services, Thunder Bay Regional Health Sciences Centre, 980 Oliver Rd, Thunder Bay, ON P7B 6V4 or phone: 684-6267 or email: [straitoe@tbh.net](mailto:straitoe@tbh.net)



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## TBRHSC Corporate Update

**CEO Leaving Mid-June** Andree Robichaud is taking on a new challenge at the Rouge Valley hospital in southern Ontario. We want to take the opportunity to thank her for her support over the last 4 years and to extend our best wishes to her. Dr William McCready will begin his acting CEO duties in mid-June. Plans for recruitment of a new CEO are underway.

**Strategic Plan Update** The new 2020 plan's 5 key directives are: Aboriginal Health, Comprehensive Clinical Care, Quality Patient Experience, Acute Mental Healthcare and Seniors' Health. Over the past few months engagement sessions have been held to gather community

feedback, and the finalized plan will soon be released. The 2015 Strategic Plan is wrapping up with 97% of its' goals completed.

**respect. works here.** TBRHSC saw a great fit with the city-wide respect initiative, and have adopted this campaign. Respect means that we will honour the uniqueness of each individual and his/her culture. Look for the green respect. signs and buttons. A handout will be available soon.

### Cyclotron Is Here!

Tours: April 11 & 12,  
10:00 am-12:00 pm & 1:30 pm-4:00pm  
Book your tour: [cyclotron@tbh.net](mailto:cyclotron@tbh.net)  
Located in the new building on Oliver

## Volunteer Services News

**National Volunteer Week ~ April 12-18** *Volunteers Impact Patient Experience* is our theme and there couldn't be a more noble team of volunteers to make our patient experience better! Your passion is enormous, your actions are tremendous and your IMPACT is IMMENSE. Congratulations and thank you for your outstanding care for patients and families.

### Things to Watch for during National Volunteer Week . . .

- ◆ Pick up a carnation in the office
- ◆ Visit the display in the lobby
- ◆ Attend the Career Fair April 13, Aud. A, 6:30pm—8:30pm
- ◆ Daily prize draws
- ◆ Sign up for the Volunteer dinner on April 30

**DID YOU KNOW?** Our volunteers contributed an estimated 42,215.5 hours last year! Now that's IMPACT!

# Volunteer Voice

## More News . . .

### Do you know ABOUT ID ALERT?

TBRHSC practices a new drill once a month called: **ID ALERT**. The drill rehearses the transfer of an Ebola/ hemorrhagic fever patient from ER to ICU.

To respond to the drill listen for the location/ route and stay away from that area. Safe-guards are in place to clear the area. The 'All Clear' will be announced when the drill has ended.

"I am thanked every shift for my help. Visitors to the OR Waiting Room appreciate everything we do to make this time as stress free as possible."

*Marlene Skea,  
OR Liaison Volunteer*



Come and see the great new Spring arrivals  
**Seasons Gift Shop!**



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**Volunteer Advisory Council ~ Amazing Results!!!** Have you ever wondered how much of an **IMPACT** that **YOU** make on the patients and families at our hospital? In February, we asked the Service Leaders to give us some numbers of tasks that volunteers do associated with their Service. Below are just a few examples of what you are contributing. Drop by our National Volunteer Week display to see more.

- ◆ 42,215.50 Hours X \$25 per hour = \$1,055,487.50
- ◆ 5,200 Patient Care bundles for Ambulatory Care
- ◆ 10,200 magazines, puzzles given to Patients from the Activity Cart
- ◆ 37,632 interactions with patients in the Goodnight Program
- ◆ 1723 patient interactions in 6 months with the Hospital Elder Life Program

Other topics discussed at the Volunteer Council Meeting have included: Recogni-

## Volunteer Association News

**HAAO Spring Conference 2015**  
**Power of the Past — Force for the Future**  
Registration forms are available in the office. Open to all Volunteers who would like to attend. Registration: \$25.00 with cheque payable to Volunteer Association to TBRHSC.

*Topics:* Volunteer Recruitment & Retention, Social Media and Staying Connected, Round table discussions

*Keynote Speaker:* President of HAAO and Why Belong to the HAAO.

*For more information, contact:* Margaret Power, 473-2177.

tion Philosophy, Value of Volunteers Impact Study, Cultural Competence and Aboriginal Recruitment. We meet 1st Wed. of the month at 9:30. Join us if you can!

**Summer Plans?** Don't forget to let Volunteer Services know your summer vacation plans. Summer Vacation Request forms will be available in the office. We're currently recruiting for: Seasons retail, HELP, Gift of Music, Service Leaders and spares.

**Annual Refresher Reminder** Thank you to those who have completed the review. It is compulsory for all Volunteers and Patient Family Advisors as we are required to submit a report for Accreditation. Those who do not complete it by Apr. 30/15 will have to attend Orientation. Copies in the office.

**TBRHSC Office Volunteer** We're thrilled to have the following volunteers in our office who are happy to assist you. Say hello the next time you are in. Thank you ladies!  
Monday: am Sylvia, pm Clora  
Tuesday: am Cathy  
Wednesday: am Sylvia  
Thursday: am Jan, pm Sandra

### Hold the Dates 2015

Date	Event	Contact
April 10&11	HAAO Spring Conference, St. Joseph's Heritage	Margaret Power Details in office
April 12-18	National Volunteer Week	Liz or Nicole 684-6267/66
April 13	Student Career Fair	6:30 pm Aud. A
April 30	Volunteer Dinner—Victoria Inn 6:00 pm	Liz or Nicole 684-6267/66